

Behavior Support Services

Definition: Behavior Support Services are those services which use current empirically validated practices to identify causes of, intervene to prevent, and appropriately react to problematic behavior. These services include initial assessment for determining the need for and appropriateness of behavior support services; behavioral assessment (i.e. functional assessment and/or analysis) that includes direct observation, interview of key persons, collection of objective data; analysis of behavioral/functional assessment data to determine the function of the behaviors (and later to assess success of intervention and any needed modifications) and behavioral intervention based on the functional assessment that is primarily focused on prevention of the problem behavior(s) based on their function. Behavior Support Services are not to be confused with Psychological Services. The following is guidance to distinguish between the two services.

<u>Psychological Services</u>	<u>Behavior Support Services</u>
Initial assessment for determining need for and appropriateness of psychological services	Initial assessment for determining need for and appropriateness of behavior support services
Psychological testing	Behavioral assessment (i.e., functional assessment and/or functional analysis of problem behavior) that includes direct observation, interview of key persons, collection of objective data
Goal-oriented counseling on issues which affect his/her ability to live as independently and productively as feasible	Analysis of behavioral/functional assessment data to determine the function of the behavior(s) (and later to assess success of intervention and any needed modifications)
Goal-oriented counseling/therapy on issues related to seriously inappropriate sexual behavior (e.g., those behaviors which could lead to criminal sexual misconduct)	Behavioral intervention based on the functional assessment that is primarily focused on prevention of the problem behavior(s) based on their function

The qualifications for providers of these two services are different. Most providers are not qualified/approved to provide both services, so check carefully to see what service(s) a particular provider is approved to provide.

Psychological Counseling Services and Behavior Support Services are quite different. The initial assessment that is included in both services is an appropriate first step if you or the team believes that such a service may be needed. It is possible for a consumer to receive both services, if needed, without there being a duplication of services.

If an individual/family member or guardian is wondering what to look for in a behavioral consultant and/or how they are different from a psychologist, the attached information (**Attachment C-1**) may be helpful. This **Attachment** was developed and approved by the three major national organizations

related to mental retardation, psychology, and behavior analysis: The American Association on Mental Retardation (Psychology Division), The American Psychological Association (Mental Retardation/Development Disabilities Division) and the Association for Behavior Analysis. *This flyer is not a DDSN document.*

The key points of the Attachment are:

- Almost anyone can legally call him/herself a "behavioral consultant". The title does not communicate whether the person has the required skills, training or experience to provide appropriate consultation.
- The majority of psychologists are not qualified to provide behavioral consultation for persons with mental retardation and related disabilities.
- A license to practice psychology (e.g., in South Carolina) does not say anything about the person's qualifications as a behavioral consultant.

See **Attachment C-1** for more details and guidance for individuals and/or family members/legal guardians trying to choose a Behavioral Consultant.

Providers: Behavior Support Services are provided by individual's enrolled with SC Department of Health and Human Services as a provider of Behavior Support Services.

Arranging for the Service: If it is felt that the recipient may need Behavior Support Services, then behavior support services should be authorized in the form of a behavior support evaluation/assessment (unless they have had one within the last year and a recommendation was made for Behavior Support Services). The recipient or his/her family or guardian should be provided with a listing of available Behavior Support Service providers. A provider authorized to provide Behavior Support Services **must be chosen**. The offering of the choice of providers must be clearly documented. The Service Coordinator should contact the chosen provider and inquire about the standard length for an evaluation/assessment (one unit equals 30 minutes of service). This information should be entered on to the Waiver Tracking System (Behavior Support Evaluation S85). Once approved, the assessment can be authorized using the **Authorization for Services (MR/RD Form A-26 or A-27)**. The **MR/RD Form A-26** must be used for any recipient who also receives Residential Habilitation, Day Habilitation, Prevocational Habilitation or Supported Employment funded through the MR/RD Waiver, as these services will be billed to the DSN Board. The **MR/RD Form A-27** should be used for all other recipients and directs the provider to bill Medicaid (SCDHHS) for services rendered. A prior authorization number will be used for these individuals. Upon receiving a copy of the assessment/evaluation, if the recipient has been assessed and behavior support service is recommended, the specific need should be documented in the plan.

Again the needed services would be added to the Waiver Tracking System (Behavior Supports S80) along with justification for the service. Again, one unit equals 30 minutes of service. Once the service is approved, **Authorization for Services (MR/RD Form A-26 or A-27)** can be completed by the same process used for Behavior Support evaluations/assessments as stated above.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Behavior Support Evaluations and Services:

Behavior Support Evaluation

- Within two weeks of completion

Monitorship of this services should occur with the individual/family and the service provider. Monitorship must include review of the evaluation/assessment report and notes completed by the provider. Some items to consider during monitorship include:

- What are the recommendations from the evaluation?
- If therapy is recommended, how much and how often?
- If only a behavior support plan is needed, how much time will be needed for implementation and training?

Behavior Support Services

- At least monthly for the first two months
- At least quarterly thereafter
- Conversation with recipient or family/caregiver at least every six months
- Start over with each new provider
- Evaluation: within two weeks of completion.

Monitorship of this service may occur with the individual/family, service provider, physician, hospital staff, and/or other health care provider. Monitorship may also occur during review of evaluation reports or progress notes completed by the provider. Some items to consider during monitorship include:

- If the individual has recently had an evaluation, the recommendations from the evaluation must be reviewed to ensure that it addresses the initial concerns that justified the need for the evaluation.
- Are they making significant progress towards the goals and objectives outlined in the evaluation? If not, have the individual's goals and objectives been modified to reflect the need for current services?
- Are the goals and objectives of therapy consistent with the individual's overall life goals?
- Is the individual satisfied with his/her provider of services?
- Do behavior support services need to continue at the same level?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

AUTHORIZATION FOR SERVICES
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN
SERVICES

Recipient's Name	/	Date of Birth
-------------------------	---	----------------------

Medicaid # / / / / / / / / / / /

Prior Authorization # / / / / / / / /

Start Date: _____

MR/RD Form A-27 (1/05)

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid # / / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

BEHAVIOR SUPPORT SERVICES:

Assessment: Number of Units _____ (one unit = 30 minutes)

Number of Units (one unit = 30 minutes) _____

Frequency: _____

Start Date: _____

****NO MORE THAN 8 HOURS/16 UNITS PER DAY MAY BE AUTHORIZED****

Service coordinator/early interventionist: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

Behavioral Consultants: Who Are They and How Do I Find the Right One?

What is a “Behavioral Consultant” and How is This Different From a Psychologist?

These questions are often asked by people trying to find a behavioral consultant for a family member, a friend, or someone else with mental retardation or another developmental disability for whom they provide support. They sometimes come up because many people are not aware that the majority of psychologists are not qualified to serve as behavioral consultants. This is because many do not have the specialized training and experience in applied behavior analysis or behavioral psychology and mental retardation/developmental disabilities (MR/DD) needed to provide appropriate and effective behavioral treatment for people with MR/DD. On the other hand, some people who do have the appropriate training and experience have graduate degrees in areas other than psychology, such as special education or human development. Unfortunately, in most states at present, almost anyone can legally call him or herself a “behavioral consultant.”

These issues have been a source of confusion and frustration for many consumers. This flyer was prepared to help you make an informed choice of a behavioral consultant for a person with MR/DD or yourself. It was developed by representatives of three major professional organizations. They are the Psychology Division of the American Association on Mental Retardation, the MR/DD Division (Division 33) of the American Psychological Association, and the Association for Behavior Analysis. Each of these organizations has a primary focus on the issues presented here.

Don't All Psychologists Have The Same Training?

No. Just like medical doctors (MD's), many psychologists have specialized training, but some do not. For example, all cardiologists (heart specialists) are medical doctors, but most medical doctors are not cardiologists. In the same way, all psychologists have graduate training in psychology, but many do not have training and supervised experience in applied behavior analysis, which is the specialization needed to be an effective behavioral consultant. Put another way, some psychologists are qualified to provide behavior analytic assessment and treatment services, but many are not. And as mentioned above, some people who are qualified to provide these services are not psychologists.

Should I Look for a Licensed Psychologist to Provide This Service?

Although that may be helpful for a variety of practical reasons, a licensed psychologist is not always well qualified to provide behavioral consultation services for a person with mental retardation or a developmental disability. Most licensed psychologists have completed rigorous graduate training. The American Board of Professional Psychology, which is recognized by many state boards of psychology as a formal sign of psychological specialty expertise, also recognizes the specialty board of behavioral psychology. Psychologists who have this kind of psychological board certification are called "diplomats" and indicate this with the letters "abpp" after their name and highest degree. An even older form of external recognition for behavioral expertise is the status of "clinical fellow" by the behavior therapy and research society, a list of which is provided annually in the Journal of Behavior Therapy and Experimental Psychiatry. *But even these qualifications may not have included any specific training and supervised experience in behavioral analytic assessment and treatment methods*

for people with MR/DD. The same is true of many people with advanced degrees and superb qualifications in areas like school psychology and special education.

There is also great variability from state to state in the areas of competence required to practice psychology independently. Most often, the doctoral degree is the entry level for the independent practice of psychology, with legal supervision by licensed doctoral level psychologists required for those with lesser degrees to engage in psychological work. Further, some states ask or permit psychologists to specify their exact areas of competence (or specialization) when they are licensed, while other states require psychologists to choose from only a few broad categories. There may also be more opportunities for masters and doctoral students to acquire skills in behavior analysis in some states than in others, due to what is provided in university training programs.

What Is a Board Certified Behavior Analyst?

This is a professional who has documented graduate training and supervised, hands-on experience in applied behavior analysis, *and* has passed a special examination in this area. This voluntary certification assures you that the professional has basic, general competence in applied behavior analysis. Right now, however, a national certification program has just begun. The national program is managed by the Behavior Analyst Certification Board, Inc. (see "www.bacb.com" on the internet for more information about this organization). Professionals with master's or doctoral degrees who are certified under this program are called Board Certified Behavior Analysts (BCBA). Over time, the number of board certified behavior analysts are expected to increase, and it should become easier for consumers to find qualified behavioral consultants. But for now, some consumers may have difficulty locating board certified behavior analysts in their local area (however, the BACB Certificant Registry is available at www.bacb.com). One more caution is that many board certified behavior analysts, like psychologists and other practitioners, are specialists. Some do not have expertise in working with people with MR/DD. People seeking services from consultants who are board certified behavior analysts should ask the consultant if they have specific training and experience in the area of MR/DD.

What to Expect From a Behavioral Consultant

Here are some things you should expect from a behavioral consultant working in MR/DD:

- They have a master's or doctoral degree in applied behavior analysis, or in a closely related discipline (e.g., psychology, special education, and human development) with an emphasis in applied behavior analysis.
- They have supervised experience implementing behavior analysis interventions for people with MR/DD.
- They follow the ethical principles of the American Psychological Association (APA), whether or not they are licensed psychologists or members of APA, and/or the ethical codes of their respective affiliated chapters of the Association for Behavior Analysis. Among other things, these ethical guidelines require professionals to provide only those services for which they have the appropriate training and experience. (See "<http://www.apa.org/ethics/code.html>" on the internet.)
- They adhere to the Right to Effective Treatment position statement of the Association for Behavior Analysis.
- Other qualifications are shown at "www.bacb.com" (on the internet).

- Recommended qualifications for professionals who direct and supervise applied behavior analysis programming for children with autism spectrum disorders are shown in the autism section of "www.behavior.org" (on the internet), under Guidelines for Selecting Behavior Analysts.
- Other standards and requirements may be applicable for third party reimbursement of behavioral consultation services by private insurers or government agencies, which could include supervision or direct provision of all services by a licensed psychologist, membership of the professional on a panel of approved providers, and/or recognition by a state agency as a Medicaid or other specific program provider. Well qualified providers may not be eligible for third party payment of fees by particular agencies because of closed provider panels or because they have not enrolled in the required government program. These financial factors should be discussed when arranging for services with a behavioral consultant.

When looking for a qualified behavioral consultant for a person with mental retardation or other developmental disability, you should feel comfortable asking for specific evidence of the consultant's qualifications, and should expect to get a complete answer that makes sense to you.

These are some practices you should expect from a behavioral consultant:

- They will observe the person with MR/DD where the person lives, works, or goes to school, at least a few times.
- They will develop a system for collecting objective data about the skills and needs of the person with MR/DD, and train caregivers or teachers to implement it.
- They will conduct a functional assessment or functional analysis of any problem behavior to determine *why* the problem occurs.
- They will develop an intervention plan, based on the functional assessment or analysis results, that addresses the factors in the person's physical and social environments that contribute to the problem, and aims to change those factors. They will seek input from caregivers and other professionals, where appropriate, in developing the intervention plan.
- This plan should include training to help the person with MR/DD develop appropriate and useful skills (instead of using "problem behavior" to get what they want), but may also include other intervention procedures.
- They will directly train caregivers or teachers to implement the intervention plan.
- They will observe the people implementing the intervention and provide feedback.
- They will modify the plan as needed to ensure its continued effectiveness, based on direct observational data.
- They will share data and collaborate with other professionals involved in the case, such as a psychiatrist if the person is receiving medication for the problem behavior or related conditions, or a psychologist who is conducting diagnostic assessments. They will also share data with family members and caregivers, and seek consultation from other professionals when needed.
- Some behavioral consultants will have a private practice, but others may work for private or public programs or services. They may provide services in schools, adult programs, community settings, or homes.
- Some aspects of consultation will vary depending upon whether it is provided as a continuing part of a school or adult service, as an intensive treatment service, or as a service provided through a hospital, private, or university group practice.

You should feel free to ask the consultant how they will help and what processes they will use. If the consultant does not say they will use the methods listed above, ask them why not. If they do not have

the training to use the procedures, that means you should find a different consultant who has this training, experience and skills (even if they have a license to practice psychology or an impressive title).

We suggest that you do not use a consultant who focuses mainly on reacting to “problem behavior,” unless a crisis or other particular circumstances warrant this focus. Focusing mainly on reacting to “problem behavior” will not help prevent it from happening in the future and does not represent current best practice. In crisis situations or in the case of an escalating behavior problem that requires immediate action, treatment should address both immediate concerns and preventive strategies, such as changing environments and teaching appropriate alternative skills. In most other cases, the main focus of the behavioral consultation should be on skill development.

Some Sources of Additional Information:

American Association on Mental Retardation http://www.aamr.org aamr.org Then select divisions, then Psychology.	(General home page) (AAMR Psychology Division home page)
Association for Behavior Analysis http://www.wmich.edu/aba/	(ABA home page)
American Psychological Association http://www.apa.org http://www.apa.org/divisions/div33/homepage.html	(APA MR/DD home page)
Cambridge Center for Behavioral Studies http://www.behavior.org	(CCBS home page)
Association for Advancement of Behavior Therapy http://www.aabt.org	(AABT home page)
American Board of Professional Psychology http://www.abpp.org Then go to “member boards”	(ABPP home page)

We hope that that the information is helpful. If you have comments or suggestions regarding this attachment, please send them to Dr. David Rotholz (drotholz@sc.edu) or Dr. John Jacobson (jacobsjw@compuserve.com).

MR/RD Waiver

Psychological Services, Behavior Support Services, Psychological Testing

Revision of Provider Requirements – Effective September 2002

CMS (formerly HCFA) has recently approved DDSN's revision to the MR/RD Waiver services of Psychological Services (Testing and Counseling) and Behavior Supports. These changes, in addition to the interview process for qualification of providers added in 2000, now includes: a) approval of provider status for a two-year period, necessitating re-application every two years to continue provider status; b) a continuing education requirement in the area of the providers service(s) of 20 hours per two years, with documentation required as part of the renewal process; and c) a review by DDSN of the provider's work (to be done on an annual basis and/or upon receipt of complaint by DDSN).

Two-year Approval

The two-year approval requirement becomes effective 09/01/02. All providers of psychological and behavior support services under the MR/RD Waiver will need to submit a renewal form no later than 08/31/04 in order to continue to maintain provider status. This form will be available upon request well before the deadline. It will also be mailed to each approved provider at the mailing address they provided to DDSN. **It is the responsibility of the provider to insure that a current mailing address is provided to DDSN.**

Continuing Education Requirement

Twenty (20) continuing education units (CEUs) are required during the two-year period preceding a provider's renewal application. For providers who are enrolled less than two years prior to the required renewal this will be prorated by six-month increments (e.g., 1.5 years of service prior to renewal requires 15 CEUs). CEUs, which must be in the provider's area of waiver service provision, shall consist of education/training activities including professional workshop attendance, professional conference attendance, graduate level courses, or education/training opportunities offered by DDSN. CEUs are earned on a contact hour basis where 1 hour of workshop attendance or 1 hour of conference presentation attendance in an approved content area equals one CEU. All continuing education activities must be documented by a certificate from the sponsor of the activity. The form for summarizing CEU accumulation will be provided with the renewal form.

Quality Assurance Reviews

DDSN, in order to insure that work conducted under the MR/RD Waiver meets the criteria established for qualification of providers, will review a sample of each providers work on an annual basis. This work sample will be assessed for quality and compliance with the criteria used in the qualification process that providers completed previously (e.g., work sample and interview). Providers are required to adhere to these criteria in all of the work they perform as a service under the Waiver.

Additionally, DDSN can become aware of a provider's work that does not meet the criteria for qualification from local DSN boards and/or families. This may consist of a complaint about unacceptable performance received by DDSN by a purchaser of the service. Should this occur, DDSN will initiate a QA review separate from the annual review process.

If review of a provider's work sample reveals that it does not meet the established criteria, the provider will be provided a written notice by DDSN. This notice shall describe which criteria have not been met. This shall serve as a formal notice of warning and require that the provider forward a plan of correction to DDSN within 30 days. The provider's work will be sampled/reviewed again in 60 days at the same site and/or at another DSN Board where the provider renders the service. If the second review reveals continued failure to meet the established criteria, DDSN will remove the provider from its list of approved providers and request DHHS to revoke the provider's waiver provider number.